

FILED JAN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21650

BIRTH NO.		REG. DIST. NO. 290		PRIMARY REG. DIST. NO. 4427		Registrar's No. 10	
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville, mo.</u> c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waynesville General Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Newburg, mo.</u> d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) <u>Carl Eugene</u> a. (First) <u>Carl</u> b. (Middle) <u>Eugene</u> c. (Last) <u>Newell</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>2</u> <u>1950</u>			
5. SEX <u>m</u>		6. COLOR OR RACE <u>w</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>child</u>		8. DATE OF BIRTH <u>July 13 1945</u>	
9. AGE (In years last birthday) <u>5</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>chld</u>		11. BIRTHPLACE (State or foreign country) <u>Newburg, mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Newell</u>				13b. MOTHER'S MAIDEN NAME <u>Ruby Jones</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Paul Winifred Miller St Louis mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchitis Pneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>491X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 day</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>1-1-</u> , 19 <u>51</u> , to <u>1-2-</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1-2-</u> , 19 <u>51</u> , and that death occurred at <u>1:55</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>G. Miller M.D.</u>				23b. ADDRESS <u>Waynesville, mo.</u>		23c. DATE SIGNED <u>1-2-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal <u>4</u>		24b. DATE <u>1-2-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wilson</u>		24d. LOCATION (City, town, or county) (State) <u>Doniphan Mo.</u>	
DATE REC'D BY LOCAL BRG. <u>1-12-51</u>		REGISTRAR'S SIGNATURE <u>Wm. C. Buckthorn</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lee Johnson Newburg mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1-12-51
Pulaski County Health Officer
File Number
Date Filed 1-12-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Lee Johnson

Signed _____
Student Embalmer

Licensed Embalmer No. 3392

P. O. Address *Newburg Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.